

WCPOC MDCPDS/CSU USER ACCOUNT REQUEST				
TYPE OF REQUEST:	<input type="checkbox"/> Add	<input type="checkbox"/> Modify	<input type="checkbox"/> Name Change <input type="checkbox"/> Other (explain)	<input type="checkbox"/> Delete/End Date Reason:
Section 1. This section to be completed by Requester				
Full Name (Last, First, MI) <i>No Nicknames, Please. Include Military Title if applicable.</i>			Check the applicable status: <input type="checkbox"/> Civilian Employee <input type="checkbox"/> Gov't Contractor <input type="checkbox"/> Military <input type="checkbox"/> Other	
SSN:	DOB: (DD-MMM-YYYY)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Position Title:	
Organization:			CPO-ID:	Command Code:
Location/Building Number:			UIC:	Org Structure Code:
Mailing Address:			Phone (Including Area Code):	DSN:
			Fax:	
Email Address:				
I assume the responsibility for the data and system to which I am granted access. I will not exceed my authorized access. I understand my obligation to protect my personal password to the Modern DCPDS. (Requestor's Signature) _____ (Date) _____				
Section 2. This section to be completed by Requestor's Security Manager: (****Must be completed before ANY type of access will be permitted.****)				
Type of Investigation: <input type="checkbox"/> NACI <input type="checkbox"/> ENTNAC <input type="checkbox"/> Other	Date of Investigation:	Verified by: (Print First, Middle, Last)	Verified by: (Signature)	
Section 3. To be completed by Supervisor/Appointing Officer				
MODERN DCPDS ACCESS: (Please check all the following options that apply to this user)				
<input type="checkbox"/> Personnelist at CPOC	<input type="checkbox"/> IT Support	<input type="checkbox"/> Initiates RPA	<input type="checkbox"/> Is a Classifier/Has Classification Authority	
<input type="checkbox"/> Personnelist at CPAC	<input type="checkbox"/> RM Manpower	<input type="checkbox"/> Signs RPA as Requesting Official	<input type="checkbox"/> Writes Position/Job Descriptions (requires COREDOC access)	
<input type="checkbox"/> Manager Supervisor	<input type="checkbox"/> RM Budget	<input type="checkbox"/> Signs RPA as Authorizing Official	<input type="checkbox"/> CSU (Employee Information)	
<input type="checkbox"/> Administrative Support		<input type="checkbox"/> Reviews RPAs only		
<input type="checkbox"/> CIVDOD OTA:	<input type="checkbox"/> Training Coordinator	<input type="checkbox"/> Manager/Supervisor	<input type="checkbox"/> Organization Training Monitor	
	<input type="checkbox"/> Fiscal Coordinator	<input type="checkbox"/> Personnelist	<input type="checkbox"/> Training Administrator	
I certify this user requires access as requested in the performance of his/her job function. (Supervisor/Appointing Officer Signature) _____ (Date) _____				
Section 4. For CPAC use only				
Network Printer Information:, if requiring Registered Printer		RPA Number: 9		
Printer Name:	IP Address:			
Access Type:	<input type="checkbox"/> CPAC Personnelist (CPG)	<input type="checkbox"/> Manager/Supervisor (MGR)	<input type="checkbox"/> Administrative (MGA)	
	<input type="checkbox"/> Resource Manager Manpower (RMM)	<input type="checkbox"/> Resource Manager Budget (RMB)	<input type="checkbox"/> CPOC PAC (COP)	
	<input type="checkbox"/> CPOC Staffing (COS)	<input type="checkbox"/> CPOC Classification (COC)	<input type="checkbox"/> Other (RSC)	
User requires access to the following personnel records: <input type="checkbox"/> No Restrictions - User should view all records in the database (available at CPOC only) <input type="checkbox"/> All Records serviced by the CPAC (Example: KC% for SPD) <input type="checkbox"/> Limited Access - User should view records with the following limitations (access should be limited to the following Org Component Code (to include the CPO-ID, Command Code, UIC, and Org Structure ID) (Example: EJSBW1J407A02 or EJSBW1J407%) (NOTE: Follow with a % sign to denote access to subordinate organizations).				
MDCPDS Inbox Requirements: <input type="checkbox"/> Personal Inbox Only <input type="checkbox"/> User Member of the following Groupboxes				
I certify this user requires access as requested in the performance of his/her job function. (Activity Representative/Appointing Officer Signature) _____ (Date) _____				
Section 5. For CPOC use only				
USER ID:	Secure User ID: (If applicable)			
Responsibilities:				
External User:				
Additional Information:				